



Bradeney House, Worfield, Bridgnorth, Shropshire, WV15 5NT Tel: 01746 716686

Job Title………………………………………………

Date……………………………………………………

**JOB APPLICATION FORM - Confidential**

**1. PERSONAL DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname | Forename(s) | | Mr/Mrs/Ms/Miss |
| Address:  Postcode: | | Home Tel Number……………………………………………………………….  Mobile Number…………………………………………………………………..  E-mail Address……………………………………………………………………..  National Insurance Number………/……../……../….…./……..  NMC PIN NO. Nurses only)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

|  |  |
| --- | --- |
| Do you consider yourself to be a disabled person? **YES/NO**  If yes, do you require any support or adjustments to enable you to take part in the selection process for this job? **YES/NO**  If yes give details …………………………………………………………………………………………….  ………………………………………………………………………………………………………………………… | Do you hold a current driving licence? **YES/NO**  Details of endorsements if any.  ………………………………………………………………………..  ………………………………………………………………………. |

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| **Capacity to Work in the UK**  Are there any restrictions to your residence in the UK which might affect your right to take up employment in the UK?  **YES/NO**  If yes provide details.  If you are successful in the application, would you require a work permit prior to taking up employment? **YES/NO** |

**2. EDUCATION - Most recent first Date finshed education­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SCHOOL/COLLEGE/UNIVERSITY**  **PLACEMENT** | **FROM** | **TO** | **SCHOOL/COLLEGE/UNIVERSITY**  **PLACEMENT** | **FROM** | **TO** |
|  |  |  |  |  |  |

**3. QUALIFICATIONS – Most recent first**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **COURSES TAKEN/**  **QUALIFICATIONS** | **GRADE** | **DATE** | **COURSES TAKEN/**  **QUALIFICATIONS** | **GRADE** | **DATE** |
|  |  |  |  |  |  |

**4.PRESENT EMPLOYMENT Start Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **NAME AND ADDRESS OF PRESENT EMPLOYER** | **JOB TITLE** |
| **SALARY/WAGE** |
| **DATE OF APPOINTMENT** |
| **NOTICE REQUIRED** |
| **BRIEF DETAILS OF DUTIES AND RESPONSIBILITIES** | |

**5. PAST EMPLOYMENT (PAID OR UNPAID) – Most recent first. Please state FULL EMPLOYMENT HISTORY NO GAPS.**

|  |  |  |  |
| --- | --- | --- | --- |
| **EMPLOYER’S NAME**  (and address if appropriate) | **POSITION HELD** | **DATES**  **FROM TO** | |
|  |  |  |  |

**5a. Please give details of any gaps in your employment history. E.g. travelling, bringing up children etc.**

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**6. EXPERIENCE**

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| **Please give reasons for making this application.** |

**10. REFERENCES**

|  |  |
| --- | --- |
| **PRESENT MOST RECENT EMPLOYER**  **1. Name**  **Job Title**  **Address**  **Telephone Number……………………………………………….**  **Email …………………………………………………………………..** | **PREVIOUS EMPLOYER** (if no employment history, use teacher or similar)  **2. Name**  **Job Title**  **Address**  **Telephone Number……………………………………………….**  **Email …………………………………………………………………..** |

**11. CRIMINAL RECORD**

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| Please record any criminal convictions except those ‘spent’ under the Rehabilitation of Offenders Act 1974. |

**12. DECLARATION**

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| --- |
| 1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.  2. I agree that Holy Cross Care Homes reserves the right to require me to undergo a medical examination. (Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor). I agree that this information will be retained in my personnel file during my employment and for up to six years thereafter and I understand that the information will be processed in accordance with the Data Protection Act 1988.  3. I agree that should I be successful in this application, I will be subject to a criminal record check from the Disclosure and Barring Service before the appointment is confirmed. This will included details of cautions, reprimands, final warning and convictions, including ‘spent convictions’ under the terms of the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Order 2001.  **SIGNED: DATE:** |

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| **NOTES/FURTHER INFORMATION THAT HOLY CROSS CARE HOMES MAY CARE TO KNOW.** |

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**CONFIDENTIAL MEDICAL QUESTIONNAIRE**

This form asks questions about your past and present health. It will be used to make an informed assessment of your health in relation to your proposed employment. The information given will not be disclosed to anyone without your permission. As a result of the information you have given, you may be referred to a doctor appointed by Bradeney House so that a medical examination can be carried out.

Name..................................................................................... Date of Birth.................................................................

Position applied for................................................................

|  |  |  |
| --- | --- | --- |
| **HAVE YOU EVER:** | **YES/NO** | **DATES AND DETAILS** |
| Had an operation? |  |  |
| Been seriously injured? |  |  |
| Received in-patient treatment for a physical or mental condition? |  |  |
| Been refused or dismissed from employment for health reasons? |  |  |
| Received a disability pension? |  |  |
| Been registered disabled? |  |  |
| Been made ill by work? |  |  |
| Been refused a drivers licence because of ill health? |  |  |

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| --- | --- | --- |
| Please answer the following questions to the best of your ability. They are important to your future health. If the answer is **YES** to any question, please give appropriate details in the space provided including relevant dates. | | |
| **Have you ever suffered from the following?** | **YES/NO** | **Dates and details** |
| Anaemia |  |  |
| Arthritis, Rheumatism or other joint pain |  |  |
| Asthma or Hayfever, Bronchitis, Pneumonia, TB, Respiratory/lung or other Chest Illness |  |  |
| Back pain, Sciatica, Back Injury or Slipped Disc |  |  |
| Chest pain, Heart Disease, Angina, Raised Blood Pressure |  |  |
| Cough (frequent) |  |  |
| Diabetes, Thyroid or Gland Disorder |  |  |
| Ear problem/hearing |  |  |
| Eye problem/injury or disease. |  |  |
| Epilepsy, Fits, Faints, Blackouts or Giddiness |  |  |
| Jaundice, Hepatitis, Liver Problem or and other Blood Disorders |  |  |
| Migraine or Severe Headaches |  |  |
| Nervous System problems, Multiple Sclerosis, Stroke, Parkinson’s Disease |  |  |
| Problems with bending/lifting |  |  |
| Repetitive Strain Injury, Tennis Elbow, Tenosynovitis or Carpel Tunnel Syndrome |  |  |
| Skin Complaints, ie. Dermatitis, Eczema |  |  |
| Have you ever had a Drug or Alcohol problem |  |  |
| Do you take medicine regularly |  |  |
| Do you have any medical condition not listed on this form |  |  |

|  |  |  |
| --- | --- | --- |
| **Have you been immunised against the following?** | **YES/NO** | **Dates and Details** |
| T.B. (BCG) |  |  |
| Tetanus |  |  |
| Hepatitis B |  |  |
| Hepatitis A |  |  |
| MMR |  |  |
| Diphtheria |  |  |
| Influenza (flu) |  |  |
| Have you ever had Chicken Pox? |  |  |

|  |
| --- |
| **How many days have you lost from work in the last 2 years due to illness or injury?**  On how many occasions?.........................................................................................................................  What was this/these absence(s) for?........................................................................................................  ..................................................................................................................................................................  .................................................................................................................................................................. |

**DECLARATION**

1. I declare that the information given in this document is true and completed to the best of my knowledge. I understand that failure to disclose information or misrepresent any of the facts on this form could affect my future employment.

2. I consent to a medical interview and/or examination if necessary.

3. I agree to report to my manager if I have my contact with, or suffer any personal illness/disorder, which could present a health hazard to myself or anyone with whom I work.

Signed.................................................................................. Date................................................................

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**EQUAL OPPORTUNITY MONITORING**

Name................................................................... Date of Birth.................................................

Job Title…………………………………………………………..

We are an equal opportunity employer. The aim of our policy is to ensure that no job applicant receives less favourable treatment on the ground of race, colour or national origin, religious belief, sex, marital status, sexual orientation gender reassignment, age or disability, or is disadvantaged by conditions or requirements which cannot be shown to be justifiable.

Our selection criteria and procedures are frequently reviewed to ensure that individuals are selected, promoted and treated on the basis of their relevant merits and abilities.

All employees are given equal opportunity and are encouraged to progress within the organisation.

We are committed to ongoing programmes of action to make this policy fully effective. To ensure that this policy is fully and fairly implemented and monitored, and for no other reason would you please provide the following information.

**ETHNIC GROUP**

**White Asian or Asian British**

British Indian

Irish Pakistani

Any other White Background Bangladeshi

**Mixed** Any other Mixed Background

White and Black Caribbean **Black or Black British**

White and Black African Caribbean

White and Asian African

**Chinese or Other Ethnic Group** Any other Black Background

Chinese

Any other Ethnic Group

**CONFIDENTIALITY AGREEMENT**

Bradeney House Care Home operates a very strict policy with regards to confidential information. You will appreciate that the very nature of the business is such that its success will depend on information remaining confidential. This information includes, but is not limited to:

* Care Plans and Policies
* Fee Structure
* Resident information
* Supplier information
* Management information

The affairs of the Home’s residents are also private and any information that you obtain about residents during the period you are employed must be regarded as confidential.

The home will regard any breach of confidentiality as a disciplinary offence and any breaches may lead to dismissal. Accordingly, you agree that during and after your employment you will not disclose any confidential information that has come to your attention during the course of your employment.

You will, at all times, protect and maintain the confidentiality of the Home’s information and that of it’s residents and may only disclose such information as is requested by law or as is necessary during the course of your duties with the home. You understand that this obligation will continue at all times both during and after the termination of employment unless and until the information has been made available to the public domain.

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I understand and will comply to the above and agree to

* Not taking photo’s or videos without prior consent of the management
* Not to carry a mobile phone whilst on duty without prior consent of the management

NAME ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Please print)

SIGNED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PLEASE NOTE BOXED AREA IS MANDITORY INFORMATION REQUIRED BY HMRC. FAILURE TO COMPLETE THE BOXED AREA MAY RESULT IN SGW PAYROLL BEING UNABLE TO RUN THE PAYROLL AND YOU MAY INCUR FINES FROM HMRC.**

EMPLOYMENT SET UP FORM FOR NEW EMPLOYEES

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee No.** |  | **Employee Address**  **Post Code** |  |
| **Surname** |  |  |
| **Forename** |  |  |
| **Title (Mr, Mrs, etc)** |  |  |
| **Marital Status** |  | **Telephone No.** | **Mobile** |
| **NI Number** |  | **Home** |
| **Date of Birth** |  | **Email address** |  |
| **Start Date** |  | **Emergency Contact Details**  **Name**  **Address**  **Post Code** |  |
| **Job title** |  |  |
| **Gender** |  |  |
| **Bank name and branch** |  |  |
| **Bank Details Sort Code** |  |  |
| **Account Number** |  |  |
| **Bank/Building society Ref** |  |  |
| **Account Name** |  | **Telephone No** | **Mobile** |
| **Contracted hours** |  | **Home** |

**Please select only one of the following statements**

**A.** This is my first job since last April and I have not been receiving taxable Jobseekers Allowance, Employment and Support Allowance,

Taxable Incapacity Benefit, state or occupational pension.

**B.** This is now my only job but since last 6th April I have had another job or received taxable Jobseeker’s Allowance, Employment and

Support Allowance or Taxable Incapacity Benefit. I do not receive a state or occupational pension.

**C.** As well as my new job, I have another job or receive a state or occupational pension.

**Do you have a Student Loan which is NOT fully repaid and all of the following apply?**

1. You left a course of UK higher education before last 6th April 

2. You received your first student loan instalment on or after 1st September 1998? 